ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	180	HOESEI	
O.I.P.E. CLASSIFIER	J. D. A.	10.01	1
FORMALITY REVIEW	17		422
RESPONSE FORMALITY REVIEW	+ - (A)		

INDEX OF CLAIMS

-	RejectedAllowed (Through numeral) Canceled	1	
÷		0	Appeal

Claim	Date			Objecte	u
	Date	Claim	Date	Claim	Date
Final Criginal	,	Final		<u>20</u>	
E O ' '		Final	11111	Final	1
(1)7		51	+++++		
211		52		101	
3		53		102	
5		54	+++++	103	
6	- - - - - - 	55		104	
7//		56		106	
8		57		107	++++
9	+++++	58		108	
10	╅╅┪	59		109	+++++
11111	╅╌╂╾╂╌╂╾╂	60		110	++++++
12		61		111	+++++
13	 	62		112	+++++
14	 	63		113	+++++
15	 	65	+ $+$ $+$ $+$ $+$ $+$ $+$	114	
16		66	+++-	115	+ + + + + + + + + + + + + + + + + + +
N17	 	67		116	+ + + + + + + + + + + + + + + + + + +
18		68		117	
19	 	69		118	
20		70		119	
21		71		120	
22		72		121	
23 🔰		73		122	
24 +		74	+ + -	123	
25 26 27 28		75		124	
26		76		125	
37		77		126	
29		78	+ + - 	127	
		79	+ + + +	128	
31		80	+++++	130	
32		81		131	
33	++ +	82		132	
34	+	83	 	133	
35 -		84		134	
36 -	╌┼╌┼╌┼╌┤	85		135	
37	++++	86		136	
38	++++ ++	87		137	
39		89		138	
40	+ + + + + + + +	90	+	139	
41	+++++	91		140	
42	+++++			141	
43	+++++	92	+	142	
44	 	93		143	
45	+++++ -	94	 	144	
46	 	96	\vdash	145	
47	1 + + + + + + + + + + + + + + + + + + +	97		146	
48	 	98	-++++	147	
49	 	99		148	
50		100	-+-+	149	
				150	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)